

Labor and Delivery Clinical Experience Summary

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Maternal Newborn

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The clinical experience at Carle Foundation in Urbana, Illinois, in the Labor and Delivery department on Thursday, 5/23/24, was informative and enjoyable. My patient was a pleasant, anxious 40-year-old female who went through nine rounds of invitro-fertilization for this pregnancy. She had two previous successful pregnancies but several abortions or miscarriages along the way. She was in for a scheduled cesarean section with previous complications of hemorrhaging after her births.

The priority nursing diagnosis that I chose for this patient was the risk for bleeding (Phelps, 2021). I believe that this nursing diagnosis is appropriate for this patient based on her previous issues with postpartum bleeding complications.

Since the nursing diagnosis for the patient is the risk for bleeding, three nursing interventions support this. First, the patient should be monitored frequently for physiologic responses, including vital signs, oxygen level, and level of consciousness (Phelps, 2021). The patient should be monitored for bleeding indicators, such as blood pressure, respiration, or pulse (Phelps, 2021). Second is obtaining clinical laboratory tests that could indicate a bleeding episode (Phelps, 2021). Specific tests include hemoglobin, hematocrit, thrombin time, prothrombin time, activated partial thromboplastin time, and a complete blood count (Phelps, 2021). Lastly, the patient's surgical and wound dressings should be examined often (Phelps, 2021). Reviewing the surgical and wound dressings will show if more than expected blood loss is occurring, and appropriate action should be taken.

The evaluation of the first nursing intervention regarding monitoring the patient frequently for physiologic signs would be that the heart rate, rhythm, and blood pressure will

remain within expected ranges (Phelps, 2021). The same evaluation goes for the second nursing intervention of the clinical laboratory tests showing that bleeding occurs; the results will remain within the normal expected ranges. Finally, the nursing intervention of reviewing the surgical and wound dressings would show no signs of excessive bleeding (Phelps, 2021). The ultimate goal of this patient is that she will have no bleeding episodes whatsoever.

The patient's culture could be described as typical of the American culture. She was willing to have a scheduled c-section and use medical advancement to reduce any complications that could arise. Her preference regarding culture showed through with her strong desire to have skin-to-skin contact and breastfeed her baby. She made this very clear by requesting several times to have the baby put on her and to breastfeed after the birth immediately. Another preference of the patient was her plan to take maternity leave after the baby's birth. The husband was also planning to take time off as well.

I went into the maternal-newborn clinical day, wondering how much we, as students, could see or be a part of. To my surprise, the doctors and nurses were very accommodating and open to having student nurses, and I could see much more than I anticipated. The patient was more than willing to share the birth of her baby with me. She and her husband are both in the medical field, so I am sure they know the importance of hands-on training. One thing that put me out of my comfort zone was the high intensity of the procedure. Knowing that the patient was anxious and had previous issues with hemorrhaging was super intense. Watching the incisions happen in the beginning, to the organs outside the human body, and then some hemorrhaging after the c-section was completed was profound.

There was excellent coordination and teamwork among the total healthcare team. Everyone worked seamlessly together, from the surgical technician and nurse counting the

blood-soaked gauze pads and the operating room nurse floating around checking on everything to the physician and resident physicians working together to get the baby out safely. I was very impressed.

References

Phelps, L. L. (2021). *Nanda international nursing diagnoses: Definitions & classification, 2021-2023* (12th ed.). Thieme.